<u>/</u>	AlBION
X-RAY REPORT	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS
NAME GREEN, TYRINE  X-RAY NUMBER  DATE OF X-RAY	NUMBER 4593 QUARTERS FA
10/12/01	TECHNICIAN AH
TREATMENT DEXAMINATION DETAILS:	X-Roydone outlof splint per DR FERRETLI
	PHYSICIAN BAKEK
RIGHT HAND (3v): Compared to previous progressive moderately advanced healed 5th metacarpals.	
	Diagnostic Stamp Practitioner
IMPRESSION; Moderately advanced healed	
The same of the sa	Henry K. Smith, D.O. A N NCS
HKS/pjt DATE OF REPONY 13/01	DI Mark Baker Abnormal Normal Not (Requires A Clinically
White—MEDICAL RECORD Canary—X	RAY FILE SHIP SHIP ADIOLOGIST FILE

Case 1:03-cv-00149-SJM-SPB D	ocument 89-2 File	ed 12/09/2005 Page 2 of 30
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DC-456 (REVISED 1/2003)	Inmate Name	Green, Typone
COMMONWEALTH OF PENNSYLVANIA	Inmate Numb	EP 45-93
DEPARTMENT OF CORRECTIONS	i	•
	DOB:	1-23-70
X-RAY REPORT	Facility:	Hun
DATE ( STAT	ROUTINE PHYSICIAN	araneda
3-18-04	AMINATION REQUESTED	- rays of wrist & Rt
DATE TO BE DONE 3/19/01	>	- rays st weet
REASON FOR EXAM MU & 4H	145th MCX	(2 yrs ajo.
10.10	no new tr	aung
REPORT	· · · · · · · · · · · · · · · · · · ·	
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CONTRACTOR SCI HIIN	TINGDON	
717 1-1 1-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		an an entre fin
RIGHT HAND. Routine views of the righ	t hand are compared to	prior study from 10-12-03. There is
RIGHT HAND. Routine views of the right mild deformity at the base of the 4th meta-	acarpal bone consistent	with healed fracture at this location.
mild deformity at the base of the 4th met.  There are no new or acute fractures. A sm	all non united boney d	ensity at the base of the 3th metacarpus
also be related to prior trauma. Inc.	Julies are office area.	act and the joint spaces are well
preserved. There is mild soft tissue swell	ing noted	
preserves.		and the second second deformity.
IMPRESSION-There is evidence of prior	injury as noted, no act	He Hacture of Significant
No significant arthritic changes	•	
RIGHT WRIST- Old healed fracture of th	Site Ath moto	carnus is again noted. There is no acute
RIGHT WRIST- Old healed fracture of the	le base of the 4th mere	supplies -5
fracture, subluxation or deformity. The co	arpai nones are meace.	. 1
Peter G. Gregory, MD		
03/22/04 lag	<del></del>	RONTGENOLOGIST
DATE OF REPORT DIAG	NOSTIC STUDY STAM	
and the second s	1 1	
NEGEⅡVEIN PRACTITIONER	2/201	DR ARANEDA, M.D.
DATE:	3/27/	WEDA, MI
MAR 12 6 2004	16.	ARAD
TIME:		
A	N	( NCS
(REQUIRES	NORMAL	NOTCLINICALLY
(REQUIRES DC-472 SOAP NOTE)		SIGNIFICANT
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CONSULTATION RECORD				
Part A: Completed by referring facility:	Type of Consult (Circle) Initial Follow-up C	On-Site Off-Site Telemedicine Appt Date/Time:		
Referred to:	Referred by	8-27-01		
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No		

Part A: Completed by referring facility:	Type of Consult (Circle) (Indae ) 1 02	A-et Data/Time:
Referred to:	Referred by:	Appt Date/Time:
. /	/ Jushling	8-27-01
Xncegn	Drug Sensitivity:	Copies of relevant health
Specialty:	NEDA-	information attached: (circle) Yes No
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11 Il mp mis	a - /d/x HX	DR. DAVID BASHLINE D.O.
4-0 -1111		MASTLON
		Signature of Referring Physician Date
	Approval Disapproval	Forwarded to UR (Date):
Reviewed by Medical Director. (Circle)	Approvat Date:	
Medical Director Signature:	Date.	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	Disapproval	Date:
UR Decision: (Circle) Approval	Come to the inci	hution:
line Dhre	ician and returned with officer to the insu	Made
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Signature of Medical Director Date 11

Consultation Record Commonwealth of Pennsylvania Department of Corrections DC-441 (Revised 1-01)

Inmate Name: MESNE 1 grons
Inmate Number: EP 45 93
DOB: 1-23-70

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Part A: Completed by referring facility:	Deferred hy	Appt. Date/Time:
Referred to:	Junklere	8-27-01
	*** ***	Copies of relevant health information attached: (circle)
Specialty:	Drug Sensitivity: ;	Yes No
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Reason for Referral/History of Present Illne	ss/mjury.	
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Reason for Reletian thistory of the		
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15-5 Mr ais	a - /S/D X	DR DAVID BASHLINE D.O.
7		10/10/18-26-
		Signature of Referring Physician Date
	Approval Disapproval	Forwarded to UR (Date):
Reviewed by Medical Director: (Circle)	2-PF	<del>                                    </del>
Medical Director Signature:	Date:	
UR Decision: (Circle) Approval	Disapproval	Date:
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Part B: To be completed by consuming Physics	add in motion of the light.  Luy callout	ot
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Signature of Medical Director Date/Time		
	Inmate Name: MESNE	from

Inmate Name: 67 45 93

Inmate Number: E P 45 93

DOB: 1-23-70

CONSULTATION RECORD Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine Part A: Completed by referring facility: Appt. Date/Time: Referred by Mark Baker Referred to: A Anthry Gentle In Tax Good Medical unactor Copies of relevant health Drug Sensitivity: Specialty: information attached: (circle) MLH Ochopedics No Yes Reason for Referral/ History of Present Illness/Injury: -W7 (D) FX Elzsoi Pall getting at of Should Dhawdon mant Treatment to Date/Current Medications and Significant Medication History: X-Roy @ mumally displaced Fix 4th metacoupal poximally @hand. (dosed). -1008 (-25) MAD: VESTAIN IN bow , Name I'M to My Stredim 2012 BAR Dr. Mark Baker Medical unactor Held com Signature of Referring Physician Forwarded to UR (Date): Disapproval Approval Reviewed by Medical Director: (Circle) Date: Medical Director Signature: Disapproval Date: UR Decision: (Circle) Approval Part B: To be completed by consulting Physician and returned with officer to the institution: ORTHO NOTE: Pain + Swelling (Pt) hand 8/ XRo. & fr Pt Ring / Small finger metacorpols Turpression ? From Splint Pt forcom + hand Plan: Uluar gutter splint Pt forcom + hand Will follow up in or the clinic 9/5/01 2:15 PH Rest/ice / clerate cling. Keep Splint dy.

Consultation Record Commonwealth of Pennsylvania Department of Corrections DC-441 (Revised 1-01)

Signature of Medical Director Date/Time

Inmate Name:

maté Number:

DOB:

Facility:

Signature of Consulting Physician Date/Time

CONSULTATION RECORD Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine Part A: Completed by referring facility: Appt Date/Time: Referred by Mark Baker Referred to: In Andry Genell In Tox Good Medical unector Copies of relevant health Drug Sensitivity: information attached: (circle) MCHORthopedics Yes No Reason for Referral/History of Present Illness/Injury: Wife (D) FX Elzs101 Fall getting at of Shower DWW BRUNN Treatment to Date/Current Medications and Significant Medication History: Kolvey @ Muumally displaced Fix 4th metaconpul Moximally @hand. (closed): -1000 P.2.4) 1995: Kishayur Ing lows, your land lowy) swaller zeld by Medical unector Signature of Referring Physician CAMA: CAR Forwarded to UR (Date): Disapproval Approval Reviewed by Medical Director: (Circle) Date: Medical Director Signature: Date: Disapproval Approval UR Decision: (Circle) Part B: To be completed by consulting Physician and returned with officer to the institution: ORTHO NOTE: Pain + Swelling (Pt) hand 8/

XRo. & fx (Pt) Ring / Small finger metocompols

Turpression of fx (Pt) Ring / Small finger metocompols

Plow: Uluan gutter splint (Pt) foream+ hand

Plow: Uluan gutter splint (Pt) foream+ hand

Will follow up in ortho clinic 9/5/01 2:15 PM

Will follow up in ortho clinic 9/5/01 2:15 PM

Rest/ice /clerate sling. Keep Splint dir. OPTHO Signature of Consulting Physician Date/Time Signature of Medical Director Date/Time

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name:

Timate Number:

DOB:

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Guen, tyrone
Ep4593

Dr. Midrk Baker Migdical Linector

Name	TYPOL GREEN
:1	8/27/01
Date	

MILLCREEK COMMUNITY HOSPITAL 5515 Peach Street Erie, PA 16509

-	ORTHOPEDIC INSTRUCTIONS
(4)	Keep your cast/dressings clean and dry.
Ì	Do not put anything inside your cast/dressings.
(4)	Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
(4)	Check-toes and fingers frequently for swelling.
(r)	Move toes and fingers frequently to prevent swelling and stiffening.
$\ddot{\odot}$	Do not bear weight for hours on a walking cast.
	Always wear cast boot when bearing weight on walking cast.
5	Wear arm sling
()	Use your crutches as directed and <u>always</u> bring them to every appointment.  Never trim or cut down the length of your cast by yourself.  Call <u>Millcreek Community Hospital at 864-4031</u> if:
	<ul> <li>a. Pressure points or rubbing develops under your cast.</li> <li>b. Your exposed body area (fingers or toes) becomes numb or cool.</li> <li>c. Your cast softens, cracks, or breaks.</li> <li>d. You experience a significant increase in pain.</li> </ul>
()	You have a prescription for take
()	You have a clinic appointment at the hospital at
( ) ~ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Call (864-4031) at 8 AM on at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
( )	Call the office (864-5455) today for an appointment for
(4)	Your Attending Orthopedist is: 10N9 + EPPETI)
()	No school until
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	May return to school
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Name	TIPOLE	GREEN
Date	8/27	1/01

MILLCRLEK COMMUNITY HOSPITAL 5515 Peach Street Erie, PA 16509

	ORTHOPEDIC INSTRUCTIONS
	Keep your cast/dressings clean and dry.
3	We not nut anything inside your cast/dressings.
\ <del>\</del>	Keep affected area elevated above your heart on soft pillows and iced for A8 hours and any time swelling occurs.
	chack toes and fingers frequently for swelling.
<u>a/</u>	Move toes and fingers frequently to prevent swelling and stiffening.
( )	No not hear weight for hours on a walking cast.
Ö/	Always wear cast boot when bearing weight on walking cast.
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( )	Use your crutches as directed and <u>always</u> bring them to every appointment.
( )	Never trim or cut down the length of your cast by yourself.
ري/	Call Millcreek Community Hospital at (864-4031) if:
. ,	a. Pressure points or rubbing develops under your cast. b. Your exposed body area (fingers or toes) becomes numb or cool. c. Your cast softens, cracks, or breaks. d. You experience a significant increase in pain.
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()	You have a clinic appointment at the hospital atAM(FFF)
$\langle \cdot \rangle$	Call (864-4031) at 8 AM on at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
()	Call the office (864-5455) today for an appointment for
(4/	Your Attending Orthopedist is: TONY TERRETT
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( )	May return to school
( )	No Gym until released by Attending Orthopedist
( )	No work until released by Attending Orthopedist
( )	May return to work
( )	ADDITIONAL INSTRUCTIONS  Dr. Mark Baker  Medical Linector
	Dest / ice / clevate Medical Direction
	Light duty only 12/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/

,	CONSULTATION REC	ORD ,	
Part A: To be completed by referring institution		<sup></sup>	[] On-Site [] Off-Site
IDr. Tony Ferretti 5451 Peach St. Erie, PA 16509	Referred by: (physician name)  Or Mark Bak  Medical Dis	•	Appt. Date: 9/4/5) Appt. Time:
Specialty: Orthopedics	11000001110		
Drug Sensitivity:			
Copies of lab and X-ray results attached?	Yes No If yes, specify:		1 \
Reason for Referral: W	( 9-201 1AR M day	2h (1) At 1	24 LAKOWI CO.
History of Injury/Problem:	Date of Onset:	(N-JA)-	Conny R-151
	12 MM	ion days 26/14	(REFER HOM
	Dr. Mark Baker Medical Directo		eferring Physician Date
[] Approval [] Disapproval Medic	al Director Signature:		Date:
[ ] Approval	nnsmitted By:		
	pproved By:		
Part B: To be completed by consulting Physici	an and returned with officer to the instit	ution:	
Diagnosis and Recommendations:  No Show -  Rev Offside Of  McH. Rebecce Coult  Clinical Speci	othe chinica	Signature of Consu	Iting Physician Date
Consultation Record	Inmate Name: GNC T	Jud 8	, d

Commonwealth of Pennsylvania Department of Corrections DC-441

Inmate Number

DINIZ. Madical Decord (Pending)

Consultation Record Commonwealth of Pennsylvania Department of Corrections DC-441 Inmate Name:

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Inmate Number

DOB: 1-12 F

Institution: 5 (T. Alb)

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Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC 441 Mark Baker John
(Revised 1-01)
Medical Director Multiple Consultation Record
Medical Director Multiple Consultation Record

Medical Director Multiple Consultation Record

Medical Director Multiple Consultation Record

Medical Director Multiple Consultation Record

Commonwealth of Pennsylvania

Department of Corrections

1349

DC 441 Mark Baker John Multiple Consultation Record

Revised 1-01)

Inmate Number: EP 4593

DOB: 1/23/70
Facility: 12/6/00.

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<u> </u>	CON	SULTATION	RECU	עאַנ		
Part A: Completed by referring	facility: Type	of Consult (Circle)	Initial	Follow-up O	n-Site Off-Site	Telemedicine
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Treatment to Date/Current Medic	ations and Signific	ant Medication Hist	ory:			
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				Dr. M.	ark Baker	
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Reviewed by Medical Director: (Ci	rcie) Appro	val Disa	pproval	Forward	ed to UR (Date):	
Medical Director Signature:		D.	ate:	rai seas 1 Martin		
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Inmate Name: Groof Typice
Inmate Number: EP4593

DOB: 1-23-70

	CONSULTATION	REC	JKD	
Part A: Completed by referring facility:	Type of Consult: (Circle)	Initial	Follow-up	On-Site Off-Site Telemedicine
	Referred by:			Appt. Date/Time:
Referred to:	D. Boker			
xay	Drug Sensitivity:			Copies of relevant health
Specialty:	Dud Sensitiand.		i	information attached: (circle) Yes No
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Reviewed by Medical Director: (Circle)	rippio	Date:		
Medical Director Signature:				
UR Decision: (Circle) Approval	Disapproval		or and a second	Date:
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				of Consulting Physician Date/Time
Signature of Medical Director Date/Time	<del></del>		Signature (	Of Constitute Litysteran Date 22
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Inmate Number: EP4593

DOB: 1-23-70 ------ MI--~

Signature of Medical Director Date/Time		"		-0		·	
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Medical Director Signature:	4				Date:	<del>`</del>	<del></del>
Reviewed by Medical Director. (Circle)	FE	Da	te:			e.	
11 2 Califord Director (Circle)	Approval	Disapp	roval	Forward	led to UR (D	ite):	
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		dication Histor	v:	_ <del></del>	\ <u>.</u>		
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Inmate Name: Orche, Tyrre

Inmate Number: EP 4593

DOB: 1.23.70 - whim

	CONSULTATION RECORD	
1 La Comparatorility	Type of Consult (Circle) Initial Follow-up	On Site Off-Site Telemedicine
Part A: Completed by referring facility:	Referred by:	Appt Date Time
Referred to:	Dr. T. Ferretts	10/12/01
X-ray	Drug Sensitivity:	Copies of relevant health information attached: (circle)
Specialty:	Ding density ,	Yes No
Reason for Referral/ History of Present Illi	iess/Injury:	
V-ray (R) hand	pp 1 Lat Oblique	but of Splint
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Treatment to Date/Current Medications ar	d Significant Medication History:	
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	<del>/</del>	Signature of Referring Physician Date
	Company of the compan	orwarded to UR (Date):
Reviewed by Medical Director: (Circle)	Approval Disapproval Fo	na was a sangaran a sa
Medical Director Signature:	Date:	The state of the s
Approximation of the second of	Disapproval*	Date:
UR Decision: (Circle) Approval	and the commence of the control of t	
Part B: To be completed by consulting Ph	ysician and returned with officer to the institution	
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Signature of Medical Director Date/Time	Signat	ure of Consuming This
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Inmate Name: Greene, Tyrone

Inmate Number: EP 4593

DOB: 1-23-70

DOB: 1/23/70

(Revised 1-01)

			PROGRESS NOTES
	-{\J 0	utpatient	[ ] Inpatient
Date/ Time	Prob	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7.90	7.	PAR	Sareat walnute Dywreng Superior, Unmate
1250	43	工	reports was porced in Dong redain ago
3			States was put on Nistin water by was
	) - 11	<u> </u>	Loca and watering but did not heart to
			out to take neducation with languet has
	304		out certeiday Now 'has to be seen'
			O. Ohy Selia wycta @ crueal abrasum
	en e	1 · ·	noted FERRIA Son'S intact modurate clear
	The second secon		diacraequoted
Y 21	1 1 2	Ma.	A. traunalo cryundutes
Section (198	time about plans		P. Cortsprin exchaps " 4th Duy Quox coday
	A Section and	i.	RI I haves and water " des not cours
1	Konor od o Konor		so revery pour to medication Dicing wind
	A common of the	<u>.</u>	( Mouth
7270		PAC	S have to AMMY MOWBY, F
ાટહા	B	:	O Doe 13C470
			A beplar
			P EXGISMASS ordered Amon On
			tras sheduled month
1300		Wsq	to show psych med now Complance Courselast
STATE OF THE STATE		The second secon	AREPHLUCAS, RN
	Andrew of the second		
A Company	er consider		

Progress Notes Commonwealth of Pennsylvania Department of Corrections DC-472 Inmate Name: Green, Tyrone

Inmate Number: EP 4593

DOB: 1-23-70

Institution: (/ T ///

Date/ Time	Pase #	1:03cp/in001 Abbreviation	49-SJM-SPB Document 89-2 FRet 12/09/2005 Page 18 of 30 Subjective, Objective, Assessment, Plan
8/25/01	4.	NSS.	S: 'dfell inthe shower". O: V55. 122/80, 958, 72 / d. drurato
2005			claime to have falten in showing while holding towel
700			and then fell an floor of the hend in a first Paretin.
			hoted 10 hand solma 70 authospect of hourd. Throlling
			Touch. Rar Very hunted A: alter in Confert. 1: 38
4			chiman abunation. Svany horter as the Rest 24 de could
			hand or offer x 74° cockup splint o accurage. To be
			Ju By Physician 8) 26/1. JOHN PURVIS, RN (frumoh)
8 26 01	Ų	~h(	O immate short Ahnough and Shift, actors again awaking, USS & Garbail
<b>BS</b> 05		1	Complainty through not shift (R) home continued to be edemontated the pu
<i>j</i>	<u> </u>		a all compal P- assess which as now del - M. Fresh
8-26-61	4	ΛEĠ	5: "d'n alright."
0730		•	O: B hand = splint & ACE bandage intact
			At. declined medication or ice 3 US) Stated
			he wanted to rest, appoint good) Kest
and the second			regidensy; -050B; O acot. distress
			no Voiced complaints.
			A: alteration in comfort.
			1. Continue to monitor in infermary.
	<u> </u>	01	S T JAMES McDUFF, RN
8260	U.		1 mile seen m money.
1100		1	Pan surling Retrand - fall mo strown
			Out push - lund vy on hand
			of Conclemen; Surling
- 2 wa			4-5 MParca -
			1 Poss tx presagan
	-		1 - 1 11 An X me
			rafter in 17 10 ( ) Consultation
			Helling

	Cas	se 1:03-cv-00	0149-SJM-SPB Document 89-2 Filed 12/09/2005 Page 19 of 30
Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
8/25/01	4	NSJ.	5: 'dhell inthe shower' O: NSS. 122/80, 958, 72 14. dmate
2005			claims to howe father in Shame while Arkeling towel
			and then fell an floor of the hunding first Paretin.
<u> </u>			Noted Bland solina 70 autrospect of hand. Tholoro Touch ROA Very limited Dicelter in Confort. P. 230
			Informing a brunation strong hirtoni (230 Pary 24° drivel)
<u> </u>			hind of flux Fy: crepapipilix & accurage. To be
<u> </u>	<u>                                      </u>		Ly By Physician 8/W/M JOHN PURVIS, RN Juminor
			O immute stop Alvarinau Snip artors upon awaten, USS & verteal
8 260	Ч	l vol	The state of the s
BSBS			0.011 compair P aport shall as no all - M. fresh
8-26-61	4	NSS	S: Un alright
0730			6 B hand c splint & ACE bandage intact
0 /-			By declined medication or ice 3 VS) Stated
			Le wasted to rest appoint good Rosp.
			one great SGB; Gacato Grabies
	ļ		no Viced complants
	<u> </u>		A Continue composition
	ļ	·	Continue to Mondo) and Cryothal JAMES McDUFF, BN
	<del>                                      </del>	01	18 5 To Geen m mhury.
326-0	4	1/1	Q ale Aland - fall in shown
1100			Veil and Combon on hand -
	<del> </del>		O, Jan Swilling At
			45 Marca
<del></del>			A Poss Ex Metacanal
-	-	-	P. Will mantan galent ace -
			Ref in AM fr Xray -
	1		( Clillian )
·		<del></del> _	

	0		
	XIC	Outpatient	
	, ,	Discipline	Remarks
Date/	Prob	Abbreviation	Subjective, Objective, Assessment, Plan
Time	#	Vooreviere	
- 570 N	11		Si " C'in line!"
7.260	1:4_	NSG	<u> </u>
			D: Pt. released from infirmary per
1130			
	1.		physiciana order no Voiced Complaints
		<u> </u>	
4			A. alteration in comfort.
1 1 1 1 1			Am S
			P. Follow a X-ray of Bhand in All
	<del></del>	,	Pt. ware Pt-released to general population.
			It aware the released to general propulation
	1		JAMES MCDUFF, RN
المادران	4	->DUS	It Scheduled for onsite your ~ (1) hand~
127/01	<del></del>	*_1 h/	Do Man 8/27/01 Consult towarded to h.
0902			pr Mon 8/27/01 Consult Horwantia To h.
			Helgert, RT. Rebecca Gould Physined
		11.	Melgert, KT. Rebecca Godie / Charlest
14.		)	- Millical phonauss
	<u> </u>	0	1 1 1 1 (Q) (a) -
77701		947	5 pepers for research to 1@ pan-
	141		40 shoped in the Shoner 12daysayo
1705		1	do sinates in 1
			O PSTS dusal hand - tulutopypaton
3			
· 通過一次		w	4th 5th refacourful CMS intact
			RAY P Murmally displaced 4th Marcanpulhead Fro.
		X	A A Winiman Orzhano I Maria
10.00			A-Omo Fx.
4	1		
Windows .			P. Wito MCHURA Pertican be costy. Levelity to
<u> </u>			<del></del>
\$ 44.00 mm 1		1 - F	hearthed by Almin. Ast. Mittorian to operation
And the second			
			UN DOOF AU
. President of F		et a series	A SEN CACTERY GARA E About
<u>.</u>	.h		- A ser ( V- 73 17 19 10 10 10 10 10 10 10 10 10 10 10 10 10
	* - 1		
102 1			Or, Mark Staker
क्षांक्षणात्रः । र्ष	outrain .	1	the character of the control of the
	<u>:</u>	<u> </u>	Medical Linector

Progress Notes Commonwealth of Pennsylvania Department of Corrections DC-472

Inmate Number: EP4593

1/03/70 DOB:

SCI ALBION Inctitution:

-	rΩc	Dutpatient	[ ] Inpatient
Date/	Prob	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
Time	71	NSG	5: "A. 1 1 1 1
8-26-01		NSG	D' Pt. released from infirmary per
1.7			physicians order no voiced complaints
			A alteration in comfort.
4.			P. Follow & X-ray of Bhand in Am)
			P+ P+ D and to an al repulation
			Gencouffe JAMES McDUFF, RN
8/27/01	4	CSPHS	Pt Scheduled for onsite your ~(R) hand-
0902			pr Mon 8/27/01. Consust forwarded to L.
0108			Wale L by Reperca Gould PX Min ed
			Clinical Specialist
77701		daz.	Spermed per war stop to I Praw -
A05	*	7	10 Shipped in the Shower 12day 5940
			or PESTS dusal has - tudutopupator
			4th oth Netaran Pul CMS intac
		X	AY & murually displaced 4th Metacarpulhead Fro.
			A-10 M D Ex
			? Thato MCHUM Pertica be casty. Devite to
			hewatified by Admin-Asst. Mettorsho to becontacted
			midwayan.
			- A sen The Telm 9700 C About
			(/W_S1-240)
			Or, Mar Baker
			Medical unector

Progress Notes

DC-472

Commonwealth of Pennsylvania Department of Corrections

Inmate Name: Breen, Typone
Inmate Number: EP 1593

Inmate Number: EP 4593

DOB:

1/03/70

)Institution:

SCI ALBION

· 	1	1	49-SJM-SPB Document 89-2 Filed 12/09/2005 Page 22 of 30
Date/ Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
01270	4	C50HS	Pt Schwilled Offsite @ MCH-ER this day
1028		, , , , , , , , , , , , , , , , , , ,	evally @ hand to Junty hothered
1000	<u> </u>		2-hards Gold W/2.1.
			Clinical Specialist 1200 0000
8/2	260	1.89	S: I FEE   FINE
0/0	707	17/15	0: 14mins Returnes From encht hospins
1.	Y2		Fr 2T hours: Splint/ mm Sloning
	7) -	•••	121307 - Needs MASE Check RTHOUS
			wul. No Clo form/ Owcomizer
, . ,			a Retin Composi-
		\$ .	B. Released To ben Populanois
		<u></u>	Chant repease To Da. Bolice FOD
			TOR Re- POPIDE UP CAME
industry		7.	DM HICKEY, BN TOWN HOUSE IN THE STATE OF THE
9 MIN	5	CJPHS	A scheduled moite & Dr. T. Ferretto on
Tios	ng kga yata		In 9/14/01 during the ortho clique. Maske
1100			to Schedule Ot offsites du to Scheduling
			& Security Concerns, Spoke & Dr. Ferreth's
			staff re: this 155ke. ~ S/P TX. (1) Mana
	.41		Rebecca Gould NL Yould
- mp.	Super Super		Clinical Specialist
9/14/0	5	CSPHO	Pt "No Show" for Ortho Clinic. Per Dr.
1230	·		Ferretti, pt 10 to be scheenled offsite
er er til er er er egge o			@ MCH Ortho clinic for new Win 200Ks
			Rebecca Gould RK Sourcal
			Clinical Specialist
9.17.01	5	CSPHS	Pt schiduled offsite (a) MCH Ortho Chinge C Dr.
1439			T. Ferretti on Wel 9/26/01 he Red ( hand.
		:" <u>:</u>	Rebecca Gould M. Sould
-		<u>.</u>	Clinical Specialist

Date/	Prob	Discipline Abbreviation	1149-SJM-SPB Document 89-2 Filed 12/09/2005 Page 23 of 30 Subjective, Objective, Assessment, Plan
Time	#	C-Sours	Pt. Schwilled Offsite @ MCH-ER this day
82710	14	77/45	11 6 Les be herbed
1028			Poberta Gould 11/1/2011
			Clinical Specialist TDC JOUCE
8/2	26)	1.10	S'T FEE FINE
0/2	7/01	17/15	DILLIMBRE RETURNED FROM MEH MAYINDA
L	12	7/65	For DT hour: Sulint/ mm String
	<u> </u>		Wint - News MAX Check RTHING
			WW. No Clo Pami discomizant
	<u> </u>		1- Actin CAMPONT-
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	p. Nelsmer To hew. Poplanon
			Chant regines to Da. Bollie FOD
			TOR DR- POPION UP CAME
		T	OM HICKEY, RN TOWN HOUSE'M Y MICKEY CO
9/4/01	5	COPHS	A scheduled moite & Dr. 1. terretto on
1105			In 9/14/01 during the ortho clinic. Mable
			to Schedule Dt offsites du to Scheduling
			& Security Concerns, Spoke & Dr. Ferreths
			staff reithis 1550ce. ~ 3/p tx. @ hand
	· ·		Rebecca Gould AL Moned Clinical Specialist
		76-	
9/14/0	5	CHOS	Sal and a Charter
1230			Periodis Stures
		<u> </u>	Vi i I
			- Repecta Sound
A 10 =		Conic	Dt scheduled offsite @ MCH ortho clinic & Dr.
9.17.01	5	CSPHS	F 1 30 100 100 100 100 100 100 100 100 10
1439			Rebecca Gould My Sound
	1		Clinical Specialist

	110	utpatient	[ ] Inpatient
Date/	Prob	Discipline	Remarks
Time	#	Abbreviation	Subjective, Objective, Assessment, Plan
9-200		PAR	50
1610	#19		Owner
			A fractive 4th 15th netacapal Bland
			P. diast revewed T Diervetti, in note was
			a rostion to moste direct 9/14) discussed
	:		@ light with take xvay mosts. then
			transport to met of review due to security
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1			Jaclace process per D Ferritz duection
			mouth
9/21/0		the	P. N/3 PA/Sichtu= Prograph To The
1005	W.	I	
9/21/0	)] }	PR	- S waits cast places on Chans
1010	(19)	ā-	clo excessi = mut - in Splant
			admits to taking splint of f to clean
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	K.		hand on a regular basis.
1			6 spirit intact-vluargitter-plasterspirit.
		<u>,</u>	CMS intact. Pcapillary reful. 3000tion
			what. 8575.
	Anger 3 Light de la company		ASIP Me Excarpe Fo 445 (Chan)
The state of the s			P. X. My done- police full terettisof fice for
at general and			review, wee MS for TX plan in new How =
			controlled at the ptrois Destalon Total
Service of a	£,. ~		

**Progress Notes** Commonwealth of Pennsylvania Department of Corrections DC-472

Inmate Number: 24593

DOB: 1-23-70

Institution: Alhim

			[ ] Inpatient
<u>}</u>	0[],	utpatient	Remarks
Date/	Prob	Discipline	Subjective, Objective, Assessment, Plan
Time	#	Abbreviation	Subjective, Objective, Assessment,
	<del></del>	One	
7-200	73 7	PRE	
161D	#19		Our ven
100			A fractive 4th 15th nutacaspal (R) hard
			To Constitution material
*			The Court Court of the Court of
to the second			U to grow to an see court (1)
<u> </u>			1) A Solin You Made Trees
			Co viga contra
			maisport without of
1			Issue of un entirest outside trips will
	1		The state of the s
	1		toplace process for to terrough
le de la company			
أروا	.,	Ar	P. N/3 PA/SUMblu= Pa 0950 Mapts Town
114	V. I., proc	100	
1005		سلم	
9/21/	n	fre_	5 warts cast places on Phas
W		1	do occasive mut in Splunt.
<u> 1010</u>	(19)	Season Se	
1	Ž.,		DOUNTS ID WOND OF WELL
Company of			TO TAKE A STATE OF THE STATE OF
The a resident the second	1		The college of the splant
A CONTRACTOR		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CMS Intact - Prapillary reful. zevation
			CMS INTact - Glapinus Ticher. Journal
3 5	10 . 10		Want 2573.
	4		and a for out for 4\$5 @hand
		·	ASP Me Excarpe Fo 4+5 (R) pars
	<u> </u>		review, well ys for the plan in new House
			controlata to the otrous we entailed from
			controlled with the produce we worked of
	. 7		Inmate Name: Careo Catala

**Progress Notes** Commonwealth of Pennsylvania Department of Corrections DC-472

Inmate Name: Green Tyun

Inmate Number: 29 4593 DOB: 1-2370

Institution: Albem

Date/ Time	<b>Qasb</b> #	1:0Discip@01 Abbreviation	49-SJM-SPB Document 89-2 File 109/2005 Page 26 of 30 Subjective, Objective, Assessment, Plan
101101	19	CSPHS	Pts offsite appt on 9/24/01 & D. T. Ferretti
1304			has been Ms to the 10/13 for moite clinic.
	<u> </u>		1-rays reviewed by Dr. Ferretts on 1/2/101,
-			hearing well - ho medical heacssity to send
	_		OH- OH3 THE Clinical Specialist Clinical Specialist
10/4/01	19	CSPHS	S: Ortho. clinic
1950			0: See Dau41
			A: S/P @ 44 d 5th mctx.
		i , m e , tag	P: X-ray ODS (dune today) in Pot collect Contate PRW.
			Pt Usical under Standing Clinical Specialist Klymed
10/25	bl	MZ	2 lighty Tolkattate he hand Roman also cho
1335		Z	Dea closed legust ofthe it also state
	9)		that didnot repeatedly title splint of hand
	(14)	1 11 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Only XI to wash hand. wasts PT for hand-
	(3)		O' TETU Commensy's AUTIMP ctury AS
+ + + + + + + + + + + + + + + + + + +	::		Shir Pocaly noted Paray (Phan).
			MUST Stell almost From Purces grosses 15
1.			A. Thea Mann, Cermenous Au, SIP Fo Sthreteupe
	¥ .		14th (Cha)
			Pylicy Delaroxofication to AN BUDY 5 DAYS Flying
			allow to Pill An - 300 apr. instructor tolemonstrated hours
	· · · · ·		
	F <sub>2</sub>	PAC	
10-310			reducation to uschedule through
	-  -		The restriction of the state of
			TAMMY MOWRY, PA
	<u> </u>		

( · · · )

( )

Date/ Time	Fase #	1:Discipline0 Abbreviation	149-SJM-SPB Document 89-2 FROM 12/09/2005 Page 27 of 30 Subjective, Objective, Assessment, Plan
101,01	19	CSPHS	Pts offsite aprit on 9/24/01 & D. T. Ferretti
1304		27	has been Us for the 10/12 for Insite Clinic.
1304			V-rays reviewed by Dr. Ferretto on 9/21/01,
		7 °	hearing well - ho medical hearsity to send
		1	Rebecca Gould 1/ Mond
			Clinical Specialist
10/4/01	19	CSPHS	S: Ortho. clinic
6950			D. See Dau41
0.00			A: S/P @ 41/25th mctx.
			P: X-ray OUS (done today) in Poticiliste Phw.
1	1		Pt wiced understanding Clinical Specialist Kyloned
10/25	bl	Azi	S Regusty Tokaltate he hand Rosen also co
1335		Z	Dea clogged legust gtts bu at also state
	9		that didnot repeatedly time spint of hand
And	(14)	- 	only x1-to wash hand, wests PT to hand.
	(T)		O HEEN COMMENDS AN EIMPER CTUM AS
	À	· · · · · · · · · · · · · · · · · · ·	Shirtical notes Perox @hand.
			MUSC Kill's almost From Qurica grapistres 15.
			A. Twea Marin, Cermenous Av, SIP Fo Sthuckenpal
		- · · · · · · · · · · · · · · · · · · ·	afticas
			Pelacy Delaroxofication to ABUDX 5 DATS Fluine
		: . :	Energy Tolkellate 140 ant 1310 x30) Olf. Motring
			away to PIDPAM - 300 dec. instructor to demonstrated hone to
<u> </u>			exercises ump a post prin to how PT. It as scheduled
			Sin Planaracasimons
10-310	1	PAC	us diow there is toops no medically
			redication to uschedule imough
			TAIMIY MOWRY, PA
			: Ministry construction

	~ 1		[] Inpatient
Date/	Prob	utpatient Discipline	Remarks
Time	#.	Abbreviation	Subjective, Objective, Assessment, Plan
11-280	<u> </u>	PAC	Sheet Amis dinc
SS	C	1	O DOLDCUTO
		<u> </u>	A depression
		<u> </u>	P (C as Suraule
3562		PAR	3 ? The nowads notued a Durets ago diver
1600	16	<u>II.</u>	Verdice they now than aughtre
			O was small unthemboused rass loted
	<u> </u>	<u> </u>	a le delock henouelte; e uteral lieur
			A hanonhods
ė.		9/91	P. Dhurasa 1°10 apply daily × 10ddeey
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7 -		<u> </u>	industands
2915	to_	PRE	S JOOPE GC/03 MONNING
13/5	P	)	0 0000
			A. Coperpropulation
			Plans order testula examer Colors
1 . X V	<u> </u>		Mandenstanding -
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Patient received health Pt. received Hepatitis C educational
3/25/02	#1	102015	education with regard to pamphlet and nealth education
		·	regarding access and screening TB prevention and treatment regarding access and screening regarding access and screening process. Pt verbalized understanding.
ř		_ :	1/C 1/2 1/1 BARBARA MONROE, R
			HCV64101-12100000
• 	-		

Progress Notes Commonwealth of Pennsylvania **Department of Corrections** DC 472

Inmate Name: Green Tyrone
Inmate Number: EP 4593

DOB: 1-23-70

Institution: SC1 Albion)

Date/Prob Abbrev	Subjective, Objective, Assissment, Plan
41/12 1230	WS 0! Telebinocular/Audiogram
	done per DOC policy.
	Passed; Falled
	Vest Vanie - BMONIN BARBARA MONROE, RN
	/
1/2/02 8 NS	Telepilloculai/Addiogram
136 0	done per DOC policy.
	Passed X/ ; Failed referred to splomo he
\$1 . Q. 4	JENNIFER CURRAN, LPN CUM
Waylor Damle	915 At schol onsite o Do Barron during the
10/0 (8)	5/02 OPT clinic ~ refraction & banding Trimbie
	A Trionble Ass
5/19/02 8 /1/0	Es Si Octobre
1524	0: A 00 D C441/451
1027 8336 g	
	P. Rx In glasses ordered Phrocedurelestandere
	LINDA HIS CODE DE CALL
161 8 RT/09	1 1000000000000000000000000000000000000
0/5/184 0 1	45 31 Eye cline, new-glasses
1341	Q: See DC 441/451
	1. Lyperopia
	C: GLASSES RECEIVED BY INMATE Heppersed Outerfaction Informed of
	of proper case of glasses, procedure for repairs + costs, involvedace his
	resonsibility Ptroceed understanders IINDA HEIGEDED & Fillyetter
	A

•			PROGRESS NOTES
	[]C	outpatient	
Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9-27C	2:	PAR	5 requests repel Tolnottate states hally with
0920	49	tt	Just Care back
		<u> </u>	A-line van
		(	P Tolnattate wan apply Box Zaday Syra)
		-	Ripo
			TAMMY MOWRY, PA
V2-1-02	0417	NG	O: Placed on RHU No undicat contra morester
152°,			Br Roll Placement - D. D. Baniel Przybrowski RN II
[2]20 0	2	No.	G- Clo Q hand pow Mb From Part Phat
1235	(19)		O. Chow dutationst. pt points to 4th \$71
1017		<u> </u>	retacapula X. May 0/12/01 P. FXS 4/4 5thetacouples.
			A post faratic OTO @ Man
operation of the		S. T. F.	De The Motion Econsto TOPE X 140 mgs. Dates
		Box	5 - C/2 (D) hand DANS , c/o 000
1055	၂ <u>၃</u> - (ပြ	)	Stroket a motrin "additurni
on Joy	/29)		also do joul 1th on pars 43 cot - Pitch "Vans
the graphy way in the			Ohly & Tolhaffat . wants Cadre Dut 2 GEND.
and the second s	and the second s		Oxilly 10/12/01 & holed to base 4th & 5th metacarpus
1			C ATMINI TO TO TO THE TOTAL TOT

Progress Notes Commonwealth of Pennsylvania Department of Corrections DC-472 Inmate Name: Green, Tyrone

Inmate Number: EP4593

DOB: 1-23-70

Facility: SCI Albion